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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

5

Application Number

10/755,685

Filing Date

January 13, 2004

First Named Inventor

Tomonori INOUE *et al.*

Art Unit

3736

Examiner Name

Patricia C. Mallari

Attorney Docket Number

163852020700

## ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☒ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/  
Incomplete Application

☐ Reply to Missing Parts under  
37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication  
to TC

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please  
Identify below):

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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Printed name

Barry E. Bretschneider

Date

April 1, 2005

Reg. No.

28,055



PATENT  
Docket No. 163852020700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Tomonori INOUE et al.

Serial No.: 10/755,685

Filing Date: January 13, 2004

For: WRIST TYPE BLOOD PRESSURE  
METER CUFF

Examiner: Patricia C. Mallari

Art Unit: 3736

**AMENDMENT UNDER 37 CFR 1.111**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Action mailed January 11, 2005, please amend this application as follows:

The listing of claims begins on page 2.

Remarks begin on page 4.